

BCC Intake Triage

Date:

Time:

BCC Provider:

Ref Provider:

Ref Provider Phone:

Pt Name:

DOB:

Ref Hospital:

ER or Inpatient:

Was most recent COVID test PCR or Rapid?	PCR: PROCEED Rapid: STOP & request PCR
<p style="text-align: center;">COVID sx present?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES</p> <p>↓</p> <p>NEG Flu PCR Required</p> </div> <div style="text-align: center;"> <p>NO</p> <p>↓</p> <p>Flu Test NOT Req'd</p> </div> </div> <p>*Only PCR Flu test accepted. No rapid flu tests accepted. No admission for ANY positive flu test, even if lack of COVID sx.</p> <p>Proceed to exclusion criteria if above requirements met.</p>	

EXCLUSION CRITERIA: do not admit if Yes	YES	NO
Dialysis		
Lack of Mental Capacity/Decision Making		
BiPAP/CPAP/Intubated/nebulizer need		
Persistent Vomiting, Diarrhea or C. Difficile		
Suicidal or Homicidal Ideation or other Major Behavioral Concerns (sitter, meds for agitation, violent behavior with staff, restraints)*		
Co-infection with Flu /RSV/transmissible respiratory pathogen (TB, etc.)		
Bedbound		
Patient weighs >350lbs (158kg)		

Language:

Smoking Status (must be willing to use nicotine replacement/not smoke entire duration of BCC stay):

**Caution if significant psychiatric history, esp if directly from ER, where has not been monitored over time or if need for sitter/meds for agitation then clarify current status, if ongoing behavioral concerns then don't accept*

Other Criteria/Data	Notes
COVID Sx Onset:	<i>May be incidental/no symptoms</i>
COVID Test Dates/Results:	<i>Cannot admit if most recent negative</i>
Current Oxygen Need	<i>Do not admit if persistently > 4 L NC</i>
Current IV Medications	<i>Do not admit if continuous IV; check w/ pharmacy for any periodic IV medications</i>
Physical Ability (AM-PAC Score)	<i>Ideal ≥ 19; nursing OK if 13-18; do not admit ≤ 12</i>

CC/HPI/Hospital Course: Was the patient in ICU at any point: Yes NO

Most Recent Vital Signs/Labs (CBC, Cr, d-dimer): Temp:____HR:____RR:____BP:____O2 sat:____

Current Medications: Remdesivir Y/N, #days received prior to transfer: next dose due on:
Decadron Y/N, #days received prior to transfer: next dose due on:

Comorbidities:

Skilled Nursing/Wound Care Needs:

Social Issues/Disposition Concerns:

*****Please ask for a Discharge Summary****Do NOT send medications with patient*****

☐ ACCEPTED ☐ PENDING, reason:

☐ REJECTED (Document reason on back)